

Case Number:	CM15-0178748		
Date Assigned:	09/21/2015	Date of Injury:	03/04/2008
Decision Date:	10/29/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 4, 2008. In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve a request for topical Terocin patches. The claims administrator referenced an August 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 17, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy surgery. Both oral Norco and topical Terocin were endorsed. The applicant's medication list included Colace, Flexeril, Neurontin, Motrin, Norco, and topical Terocin. On September 23, 2015, it was acknowledged that the applicant had ongoing complaints of low back pain status post earlier failed spine surgery. The applicant was on Colace, Flexeril, Neurontin, Motrin, Norco, and Terocin compound in question. Since lidocaine component of the amalgam was not recommended, the entire amalgam was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Terocin patches (Lidocaine-Menthol) 4%-4% apply one daily #30 one month supply with another #30 One month refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for topical Terocin, an amalgam of topical lidocaine and menthol, was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine, i.e., the primary ingredient in the Terocin compound, is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, here, however, the applicant's concomitant usage of gabapentin, an anti-convulsant adjuvant medication, effectively obviated the need for the lidocaine component of the amalgam. Since the lidocaine component of the amalgam was not recommended, the entire amalgam was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.